Under the Paperwork R	eduction Act of 1998	5, no person are required to	U.S. Paten respond to a collection	t and Tredeme n of informetio	rk Office; U.S. DEF n unless it displays	PARTMENT (a valid OMB	OF COMMERCE control number	
	respond to a collection of informetion unless it displays a valid OMB control number Complete if Known							
Effective on 12/08/2004. Fees pursuant to the Consolideted Appropriations Act, 2005 (H.R. 4818).					09/973,802-Conf. #8999			
FEE TRANSMITTAL			Filing Date	C	October 11, 2001			
			First Named Inventor Shoichi TANE		CHI			
For FY 2007			Examiner Name W		W. P. Watkins			
Applicent claims small entity status. See 37 CFR 1.27			Art Unit 17		1772			
TOTAL AMOUNT OF PAYMENT (\$) 120.00		Attorney Docket No. 0		0445-0309P				
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of								
FEE CALCULATION	1							
1. BASIC FILING, SEA	RCH, AND EXA	MINATION FEES						
	FILIN		ARCH FEES	EXAMIN	ATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (Small Entity \$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Pald (\$)	
Utility	300	150 500		200	100			
Design	200	100 100		130	65			
Plant	200	100 300		160	80			
Reissue	300	150 500		600	300			
Provisional	200	100 0		0	0			
2. EXCESS CLAIM FEES							Small Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)						50	25	
Each independent claim over 3 (including Reissues)						200	100	
Multiple dependent cla	ims					360	180	
Total Claims Ex	ktra Claims	Fee (\$) Fee	Paid (\$)		Multiple Dependent Claims		-	
· · -	x _			Fee	e (\$)	Fee Paid (<u>\$)</u>	
HP = highest number of total		_	mara (#)				_	
Indep. Claims Ex	ktra Claims	Fee (\$) Fee	Paid (\$)					
-=								
3. APPLICATION SIZE	FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
		application size fee of			tity) for each a	dditional 5	50	
		J.S.C. 41(a)(1)(G) an				F	D-14 (6)	
Total Sheets	Extra Sheets		additional 50 or fra				Paid (\$)	
							Paid (S)	
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late-filling surcharge): 1251 Extension for response within first month 120.00								
SUBMITTED BY	1 3		Registration No.	32.881	Telephone	(703) 20	15-8000	
Signature	m		(Attorney/Agent)	32,001	 	(703) 205-8000		
Neme (Print/Typy) John	W. Bailey				Date	May 16, 2007		